



Upward Bound PROGRAM APPLICATION

STUDENT INFORMATION

Please Print Clearly Using Blue or Black Ink Only

Student's Name: _____ Male
 Female
Last (Enter **exactly** as it appears on school documents) First Middle Jr., etc.

School: _____ Grade: 9th 10th 11th

Date of Birth: _____ Social Security Number: _____
MM/DD/YYYY

ADDRESS

E-mail Address: _____ Student Cell: _____

Home Address: _____
Number & Street Apartment #

City State ZIP Code

Please give your current mailing address for all correspondence if address is different from above.

Number & Street Apartment #

City State ZIP Code

Citizenship

- U.S. Citizen
 U.S. Permanent Resident Visa Card #: _____
 Other Citizenship Visa Type: _____

Place of Birth _____
City State Country

Ethnicity -Check One

- Hispanic Asian
 Mexican Central American: _____ Vietnamese Other: _____
 Cuban South American: _____ Native Hawaiian
 Puerto Rican Other: _____ Other Pacific Islander: _____
 African-American, Black American Indian, Alaskan Native
 White Tribal Affiliation: _____

Home Language

What language is spoken in the home? English Spanish Vietnamese Other: _____

Parent Name: _____ Parent Signature: _____ Date: _____

Parent/Guardian Education -Select the highest level of education completed by the parent/guardian

Parent/Guardian #1

Parent/Guardian #2

- Did not graduate from high school
- High school graduate
- College Graduate (bachelor's degree only)

- Did not graduate from high school
- High school graduate
- College Graduate (bachelor's degree only)

Name of University

Name of University

Type of degree

Location

Type of degree

Location

Family Financial Information

This information is required by the United States Department of Education to determine applicant eligibility for program services.

- Applicant is a foster youth/dependent of the court

Applicant's total monthly income: _____

- I did/will file an Income Tax Return for the last calendar year-**submit copy of Federal Income Tax Return with application**

Taxable Income: _____ 1040EZ Line 6, 1040 Line 43 or 1040A Line 27

- I did not/will not file an Income Tax Return for the last calendar year

Source of Income: Check all that apply, indicate the amount received monthly – **Submit proof of income with application**

Social Security Benefits: _____

Unemployment: _____

Child Support/Alimony: _____

Pension/Retirement: _____

Disability/SSI/Worker's Compensation: _____

Public Assistance

(CalWorks, GAIN, TANF, CalFresh, Kin-GAP)

Case Number: _____ Amount: _____

Other-Please Explain _____

Total number of people in the household including applicant and parents/guardians: _____

I certify that all of the above information including income, residency and citizenship status is correct. All information reported will be kept confidential and used only for the purpose of determining eligibility for the Upward Bound program.

SIGNATURE OF ADULT HOUSEHOLD MEMBER COMPLETING THIS APPLICATION	DATE
PRINTED NAME OF ADULT HOUSEHOLD MEMBER COMPLETING THIS APPLICATION	RELATIONSHIP TO STUDENT

For Office Use Only

LI FG LIFG High Risk

Date Received: _____

Staff Initial: _____

Date Reviewed: _____

Director's Signature: _____

RELEASE OF SCHOOL RECORDS

Student Name: _____
Last (Enter exactly as it appears on school documents) First Middle Jr., etc.

Date of Birth: _____ Social Security Number: _____
MM/DD/YYYY

I authorize Volunteers of America of Greater Los Angeles, Upward Bound Program to have access to and obtain copies of school records for the above named applicant. Access to academic records may include, but are not limited to the following:

- Class Schedule
- Transcript
- Standardized Test Scores
- Individualized Educational Plan (IEP)
- Attendance Data
- Verification of Enrollment (Secondary and Post-Secondary)
- Degree Verification (Secondary and Post- Secondary)
- **Any** additional information needed by the Upward Bound Program to complete the Annual Performance Report required by the U.S. Department of Education
- **Any** additional information deemed necessary by the Upward Bound Program needed to make decisions regarding the applicant’s secondary and post-secondary education

For the purpose of program completion of the Annual Performance Report (APR), I authorize the release of school records from grade 6th through the completion of post-secondary education to Volunteers of America Los Angeles. **This form is valid for 10 years from initial signature date.**

SIGNATURE OF PARENT/GUARDIAN	DATE
PRINTED NAME OF PARENT/GUARDIAN	
SIGNATURE OF STUDENT APPLICANT	DATE

I authorize Volunteers of America Los Angeles, Upward Bound to release my information to agencies other than the U. S. Department of Education.

Parent Initial

I give the Volunteers of America Los Angeles, Upward Bound permission for my child’s name, photograph, work and/or statements to be used by Volunteers of America Upward Bound for promotional, publicity or instructional purposes.

Parent Initial

ENGLISH/LANGUAGE ARTS RECOMMENDATION

Student Name: _____ Grade: _____ High School: _____

Dear Teacher,

This student is applying for admission into the Volunteers of America Upward Bound Program.

Please complete this form and return it to the student. This form is intended to help us determine academic need or improvement in your course area. Thank you for your time.

Grade at last progress report: _____

I. Please rate the student's skills and/or deficiencies in each of the following areas:

	Outstanding	Above Average	Average	Below Average
Written Communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral Communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reading Comprehension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Test Taking Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

II. Please check **ALL** of challenges below that may apply to the student

- ___ Diagnosed learning disability
- ___ Low grade point average
- ___ Low standardized test scores
- ___ Low educational aspirations
- ___ Student has trouble engaging in research; analyzing , integrating, and presenting information
- ___ Lack of opportunity or support in taking challenging course work
- ___ Lack of career goals and/or need for accurate career information
- ___ Lack of confidence, self-esteem, or social skills
- ___ Low income family and/or community
- ___ Other: _____

Please identify and provide areas in which we can further assist this student in a tutorial setting.

Please comment on your perception of this student's maturity, cooperation, reliability, attendance and motivation to succeed academically:

Name of Instructor: _____

Signature: _____

Date: _____

MATH/SCIENCE RECOMMENDATION

Student Name: _____ Grade: _____ High School: _____

Dear Teacher,

This student is applying for admission into the Volunteers of America Upward Bound Program.

Please complete this form and return it to the student. This form is intended to help us determine academic need or improvement in your course area. Thank you for your time.

Grade at last progress report: _____

I. Please comment on this student's skills and/or deficiencies in each of the following areas:

	Outstanding	Above Average	Average	Below Average
Organizing information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Presenting ideas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use of resource material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Working in groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

II. Please check **ALL** of challenges below that may apply to the student

___ High interest in a math and/ science

___ Student unable to explain and apply mathematical concepts and interpret and carry out mathematical procedures

___ Diagnosed learning disability

___ Low grade point average

___ Low standardized test scores

___ Low educational aspirations

___ Lack of opportunity or support in taking challenging course work

___ Lack of career goals and/or need for accurate career information

___ Lack of confidence, self-esteem, or social skills

___ Low income family and/or community

___ Other: _____

Please identify and provide areas in which we can further assist this student in a tutorial setting.

Please comment on your perception of this student's maturity, cooperation, reliability, attendance, and motivation to succeed academically:

Name of Instructor: _____

Signature: _____

Date: _____